

MEMORANDUM

To:

Mayor Andre D. Pierre, Esq.

Vice Mayor Marie Erlande Steril Councilman Michael R. Blynn, Esq.

Councilman Scott Galvin Councilman Jean Marcellus

From:

Stephen E. Johnson

City Manager

Date:

October 9, 2012

RE:

TAB Z -- COUNCIL AGENDA REGARDING DIASPO CUP EVENT

The City has received a formal request for use of North Miami Athletic Stadium and Showmobile for a combination soccer / concert event. The promoter, Roland Jerome, has been hosting an event similar in scope to this one for the preceding seven years. In the past, the City Council has waived the fee for this event. On the Community Event Application, the estimated crowd size is 1,000 people. Based on previous events, the following costs have been estimated below.

The promoter has requested that the fee be waived in **<u>full</u>** for the following:

•	North Miami Athletic Stadium - Special Event (8 am – midnight)	\$4,000
•	North Miami Showmobile (2 pm – midnight)	\$1,200
•	City Electrician and generator (2 pm – midnight)	\$ 800
		<u>\$6,000</u>

When you deduct equipment charges and usage fees from the above expense, you are left with **direct staff costs**. Staff cost for the proposed event is outlined as follows:

In total, the City's hard costs for this event would be:	\$3,000
 City Electrician (2 pm – midnight) 	<u>\$ 600</u>
 North Miami Showmobile staff (2 pm – midnight) 	\$ 800
 North Miami Athletic Stadium staff (8 am – midnight) 	\$1,600



Memorandum to Mayor and Council

RE: Diaspo Cup Event – November 25, 2012

We will staff this event with the same number of police personnel as last year at the expense of the organization, Diaspo C. Entertainment. We had a supervisor and nine officers working the event. The time of the event will determine the start time for our personnel. Last year, we started at 5 pm and had coverage through midnight. The supervisor for the event arrived at 4 pm to coordinate with the staff from the event.

The police personnel are to be paid at the off-duty rate of \$30.00/hour and the supervisor is paid \$32.50/hour. If we stagger the hours, as we did last year, the total for the off-duty personnel would be \$1,970.00.

Breakdown is as follows:

One Supervisor: 4pm-12am = \$ 260.00 Three Officers: 5pm-12am = \$ 630.00 Six Officers: 6pm-12am = \$1,080.00

\$1,970.00

City of North Miami COMMUNITY EVENT APPLICATION

Please fill out this application completely.	*For office use only*				
Note: See page four (4) for checklist.					
Are you requesting a fee waiver for City facilities and services? Yes NoNo					
EVENT 2000 0 0 T					
1. Event Name: DIASPOCUP FESTIV	AL				
2. Requested Location: WORTH MIAMI ATHLETIC S'IADI'UM					
• Alternate Location (if requested location is not available):					
3. Date: 101/ 25 2012 Rain-Out or Alternate Date	e (If date requested is not available):				
If more than one (1) day please specify:					
• Day 1: Day 2: Day 3: 4. Time: Begin: 9 PM End:	Day 4:				
5. Set-up Date: SAM	Time: 9: AM				
6. Breakdown Completed on Date:	Time:				
7. Estimated amount of people attending:/OO					
8. Type of Event: check all that apply					
Award Show Festival	Religious				
Community Event Fund-Raiser Concert / Performance Parade	Sporting Event Other				
Fair / Carnival Political					
Please also provide a detailed description of your event on you	r organizations letterhead.				
9. Number of times this event has taken place in the City of North M	iami:6				
10. Was this event presented in other cities? Yes	(No)				
• If yes, what cities:					
11. References: Name: FRANTZ ETTET) (1)	Phone: 704 - 940 - 03 / 7				
Name: 1/100/EB09/e Phone: 786-3/9-2603					
ORGANIZATION					
,	00000000				
• What type is your organization: Please circle all that					
For Profit Non Profit Governmental Neighborhood Association Other: EVEN I					
· Name: DIASPOC. ENIERTAINMENT					
Address: 937 N.E 125 STREET					
	EFL Zip: $33/6$				
Phone: 786.290.6166 Fax:	E-Mail: COACHROLANCI QYALTOO. C.				
• Contact persons name: COACH ROLAN OF JE	Rome				
Phone: 786 270-6 166 Cell: 954-940	2-05/7 E-Mail: CONCH No And W GALLOW.				
()	1 of 4				

• Alternate contact person: Phone: 954 940-05	-RANIZ E	10017E-Mail:/	e NEO/EFNANIZQUMINO,
Please provide the City of North 501(c) (3) or Business Identity.			
LOGISTICS 12. Will you require road closure?	Yes	No	
If yes, please describe what street Street (s) from:			
• Closure date:			
Opening date:12A Approximate number of vehice			
Transportation (FDOT) requires must be filed with FDOT thirty application for closing or use of the closure route and have them 13. Will you be securing your event with the will you need trash removal? • If yes, how many dumpsters?	(30) days prior to the even state roads. The applicant m sign a petition. Local roads with fencing? Yes	t date. Please contact co ay be required to contac	all 305-654-7163 to obtain the tresidents or businesses along Manager approva.l (Ord. 17 - 20).
Note: Hiring of City services			
15. Are you requesting use of the City Use of Showmobile will requ This fee cannot be waived.	ire a non-waivable fee to co		eakdown.
16. Will you require temporary electrIf yes, please provide electric		(No_)	
Business Name: (Note: The electrician you hi	I	hone:	
17. Will you be erecting the any of th	e following?		
Tent Ticket Booth Staging Dance Floor Other Temporary Structure	Yes No	How Many	Size / Dimension
Note: Tent permits are requi	red for tents larger than 10'	x 10'.	
(Please include these items o	n vour site man and provide	the City a detailed floor	plan for the event.)

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Rental Fee Waiver Request Form

Rental Fee Waiver Request Form / /				
	Today's Date: 0 0 4 /2012			
Facility Requested: Sunkist Grove Community Center (Capacity 1)	00) Griffing Community Center (capacity 75)			
Keystone Center (Capacity 45)	Griffing Park			
Gwen Margolis Community Center (Capacity	200)North Miami Athletic Stadium			
Judson Community Center (Capacity 40)	North Miami Showmobile			
	or Stadium and \$100 for all other facilities.			
Any Renters, who have fees waived, full or partial, are still required to fill out a rental contract and pay the security deposit of \$500.00 for Athletic Stadium, \$250.00 for GMCC or \$100.00 for all other facilities.				
Requesting Party: DIASPOC. HESTIV	A / Date Requested: NOV 25 2012			
Time of Event: Begin am/pm End: _/_2				
Address: 437 N.E/25 SIFEET	City: W. MIAMI Zip: FL			
Home Phone: (784) 290-6166 Work Phone: (786) 290 - 6166 Cell Number: (786) 290 - 6166			
Is the Organization in or does it serve the City of North N				
Background: SPORTING EVER				
ENTERTAINMEN.	T /			
<u> 5000500119</u>				
For Parks a	nd Recreation Use Only			
Current Rental Fees: \$	Equipment: \$			
Cost: \$	Overhead and Administration: \$			
Labor: \$				
Labor: \$ Recommendations:	Overhead and Administration: \$ Contractual/Other Reimbursement: \$			
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Labor: \$	Overhead and Administration: \$ Contractual/Other Reimbursement: \$ Peck for availability first confirming availability:			

12300 NE 8 Avenue, North Miami, FL 33161 305-895-9840

9/10/10

18. Will your event include any of the following?	. /
Fireworks MO Games for children	Mechanical / Amusement Rides
If yes, please provide a detailed description:	
Company Name:	
Insurance Carrier:	
Agents Name:	Phone:
Note: All amusement rides must be approved by the state. All carniv provide the required insurance policy or policies as stipulates by the permits from the City's Building and Zoning department.	val. amusement or carnival type events shall c City of North Miami and must get proper
19. Will music be played? Yes No	If yes, what type?
Name of Sound Company: GUY EMONIER Address:	
Audi Coo.	Phone:
(Foul language, offensive materials, strippers, erotic dancers or lew	d or lascivious behavior is PROHIBITED.)
SAFETY	
20. List the beverages to be served: WHI R)/)HS
(Note: Beverages must be dispensed in soft containers. No glass contain	ners or cans allowed.)
21. Will alcohol be served? Yes No If yes, what	type:
Sale and/or distribution of alcoholic beverages including beer and wi Upon approval, the organization must apply for a temporary liquor of Alcoholic Beverages and Tobacco under Florida Statute 561.42. for instructions on obtaining this License.	license from the State of Florida, Division Contact the County office at 305.470.6783
22 Will E. H. 10 (V.) No. If you what	type? CARIBBEAN TOOC
22. Will Food be served? Yes No If yes, what	type: <u>ar por Brace proper</u>
Please note: Sanitary and food facilities shall be provided by the Lice and regulations of the Department of Business and Professional Regulaters and Restaurant Application for Temporary Event Vendor Lice and all grease remaining after the event by food vendors shall be propaplicable standards. In the event Licensee fails to properly dispose for the cost incurred by the City to do so.	lation (Form DBPR HR-7029, Division of ense). Licensee agrees to ensure that any perly disposed of in accordance with any
CONCESSIONAIRE RIGHTS: Licensee shall have exclusive concess	sionaire rights within the permitted area.
23. You are required to hire City of North Miami police for your event.	
The police Department determines how to staff the event with off	duty officers for crowd, traffic or other
public safety concerns. The police department will inform you of larger for events that serve alcohol and/or close roadways. Any events will require police. PLEASE CALL 305-891-0294 for more information.	the number of officers needed. Staffing is ent at a City facility that runs after 11:00

24. You may be required to hire EMS to be on-site at your event. The City of North Miami Special Events Supervisor will

advise you accordingly.

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RISK MANAGEMENT

Prior to the commencement of any event, the City of North Miami requires organizers of the special event to provide the City with a valid certificate of insurance showing:

General Liability Insurance: \$1,000,000 minimum combined single limit for bodily injury and property damage.

Liquor Liability Insurance: \$1,000,000 minimum limit, if alcoholic beverages are being served or sold at the event.

Workers' Compensation Statutory coverage.

Employers' Liability: \$500,000 / accident / disease / policy limit.

Proof of workers' compensation coverage is required from employers with four (4) or more employees.

- All Certificates of Insurance shall include a description of the special event, event location and event date(s).
- All liability policies shall be issued by an "A" rated or better insurance carrier, endorsed by A & M Best and authorized to transact business in the State of Florida.
- The City of North Miami must be named additional insured on all liability policies.
- The issuing insurer shall endeavor to notify the City of any policy cancellation by mailing 10 days written notice to the City prior to issuance of a cancellation notice.
- All special event organizers shall indemnify and save the City harmless from any and all claims, suits, actions, damages or causes of action arising as a result of the special event.

Sign here to verify you have read the entire event application and conditions.

Print Name

Signature

Date

Please return the completed application and detailed description of the event on your organizations letterhead and site map to:

North Miami Parks and Recreation Department

12300 NE 125 Street, North Miami, Fl. 33161

Attn: Special Events Division

Please note
Forms 1 - 4 are mandatory
upon submission of application.

Forms Required Checklist

- 1. Proof of Organization Identification
- 2. Detailed Description of Event on business/organization letterhead.
- 3. Proof of Insurance or quote for special event insurance.
- 4. Layout map / Sketch of area intended for event.
- 5. Tent Permit (required for any tents larger than 10 x 10) application in the Building & Zoning Dept.
- 6. Map of cross streets and road closures.
- 7. ____ Proof of liquor license (if serving alcohol) this requires city council approval
- 8. Proof or Worker's Compensation (for organizations with 4 or more employees)

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Special events form 2012 version